

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3820-63-013213

STATE FILE NUMBER

FILED APR 8 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis, Mo**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **D.O.A. Homer G. Phillips Hosp**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

A (If outside, give location)

4011 Finney Ave

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Arthur

J.

Dupree

4. DATE
OF
DEATH

Month Day Year
4-1-63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-15-1887

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY

Pvt. Family

11. BIRTHPLACE (City and state or country)

Atlanta, Ga

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Dupree

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Lucille Dupree

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes W.W.I

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Lucille Dupree 4011 Finney Ave

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

8 years

DUE TO (b)

Arteriosclerotic Heart Disease

30 years

DUE TO (c)

Arteriosclerosis, general

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4200

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **11-12-57** to **3-7-63** and last saw him alive on **3-7-63**
Death occurred at **4-1-62** **929** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert J. Cook, M.D.

22b. ADDRESS

415 Pine St St Louis, Mo.

22c. DATE SIGNED

4-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4/5/63

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

C.W. Roberts and Co 1416 N. Taylor Ave

25. DATE RECD. BY LOCAL REG.

APR 3 1963

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59

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21/62

91

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.